

## COMMON LAW SPOUSE ELIGIBILITY QUESTIONNAIRE

The common-law spouse of a University of Tulsa full time employee is eligible for coverage as a dependent if a formal spouse would be covered; according to guidelines established by the University of Tulsa Benefit Plan which are patterned after state law regarding common law relationships. The following information is requested to allow us to determine if the individual for whom the University of Tulsa Benefit Plan membership is requested is an eligible dependent. We realize this information is personal, but we do need it in order to further consider your request.

Name of Employee \_\_\_\_\_

Name of common law spouse \_\_\_\_\_

1. What is Proposed Dependent's date of birth? \_\_\_\_\_

2. What is Proposed Dependent's address? \_\_\_\_\_

3. Do both of you reside and cohabit at this address? \_\_\_\_\_

4. For how long? \_\_\_\_\_

5. Have you lived together previously at another address? \_\_\_\_\_

If so, please give address and indicate for how long. \_\_\_\_\_

6. Do you and the Proposed Dependent have an actual and mutual agreement between the two of you to be husband and wife? \_\_\_\_\_

7. Please furnish some documentation that the two of you hold yourselves out to the public as man and wife. The following are examples of such documentation. It is preferable if you can furnish more than one of the items suggested.

- a. Copies of credit cards or bills from a joint account in both of your names.
- b. Copies of an instrument of indebtedness such as a loan, mortgage or contract of sale in both of your names.
- c. Evidence of having filed a joint income tax return.
- d. Copies of a lease agreement in both of your names.
- e. Evidence that you both use the same last name.
- f. Evidence that you maintain a joint bank account.
- g. Any other documentation that the two of you hold yourselves out to the public as man and wife.

8. Please use this space to provide any other information you feel is pertinent.

---

---

---

I hereby declare that all statements and answers to the above questions are complete and true and that they are the basis upon which the University of Tulsa Benefit Plan membership is requested.

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

Signature of Proposed Dependent \_\_\_\_\_ Date \_\_\_\_\_